

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
December 13, 2011
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**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of December 13, 2011**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D, M.D., Chairman
Maroulla Gleaton, M.D., Board Secretary
David R. Andrews, M.D.
Louisa Barnhart, M.D.
Cheryl Clukey
David H. Dumont, M.D.
Dana Dyer
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Board Coordinator
Dan Sprague, Assistant Executive Director
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz

Dr. Jones was excused.

The Board meets in public session with the exception for the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:05 a.m. – 9:15 a.m.
11:02 a.m. -11:13 a.m.
12:10 p.m. – 12:36 p.m.
12:36 p.m. – 1:12 p.m.
1:43 p.m. – 2:01 p.m.
3:06 p.m. – 5:00 p.m.

PURPOSE

Call to Order
Recess
Recess
Public Session
Public Session
Public Session

EXECUTIVE SESSION

9:15 a.m. – 11:02 a.m.	Reviewing Progress Reports and New Complaints
11:13 a.m. – 12:10 p.m.	Informal Conference
1:12 p.m. – 1:43 p.m.	Informal Conference
2:01 p.m. – 3:06 p.m.	Reviewing Assessment and Direction

I. CALL TO ORDER

Dr. Hatfield called the meeting to order at 9:05 a.m.

A. AMENDMENTS TO AGENDA (None)

B. Scheduled Agenda Items

9:00 a.m. Adjudicatory Hearing - Consent Agreement CR 10-454 Timothy J. Wiegand, M.D.

11:00 a.m. Informal Conference - CR 11-098
12:30 p.m. Remarks of AAG – Superior Court Decision
1:00 p.m. Consent Agreement Monitoring and Approval - Leslie C. Harding, M.D.
1:00 p.m. Informal Conference - CR 11-161

EXECUTIVE SESSION

II. PROGRESS REPORTS

1. CR 11-219

Dr. Hatfield moved to dismiss CR 11-219. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

The complainant feels the physician was rude to her mother, blaming and chastising her for a mistake made by a nurse. The physician states that he treated the mother with respect at all times, and spent quite a bit of time with her discussing the need to postpone a procedure, reassuring her that she was not to blame for the nurse's mistake.

A review of the records shows appropriate medical care, including the need to postpone the procedure for a few hours. The Board is unable to know details of the verbal exchange that occurred between the mother and the physician at that time.

2. CR 11-030

Dr. Hatfield moved to investigate further CR 11-030. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

3. CR 11-101

Dr. Dumont moved to dismiss CR 11-101. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint comes from an institutionalized patient who has chronic pain from a congenital bone disease. He complains that the physician did not put him on an appropriate work restriction, cut off his chronic pain medications, and did not treat his chronic stomach problems appropriately.

The institution's records are somewhat difficult to read but they, as well as the physician's response, indicate that work restrictions are instituted by security with guidance from the medical department. Unfortunately the institution's employees and patients each may have a different understanding of this process. The records also indicate that the patient's narcotics were actually stopped by another provider under clear and appropriate guidelines. When alternative treatments did not work and the patient was not felt to be at an ongoing security risk the narcotics were carefully restarted.

Concern about the patient's gastrointestinal issues was noted and a GI consult had been ordered but this was cancelled by the institution's medical director and not by the physician in question. The physician does admit that his initial choice of anti-inflammatory medications to treat the patient's pain was perhaps not ideal and could have contributed to the patient's stomach issues. He subsequently discontinued these and restarted opiates at the next clinic visit.

Overall this patient's care was appropriate, although institutional rules at times are not completely clear. This is not unexpected considering the complexity of the institution and the complexity of this patient.

4. CR 10-037 James E. Rohan, M.D.

Dr. Dumont moved to dismiss with a letter of guidance CR 10-037 James E. Rohan, M.D. Dr. Andrews seconded the motion, which passed 7-1.

This complaint originated after a pharmacist notified the Board of a radiologist writing prescriptions for large quantities of narcotics. Investigation and an outside specialty review confirmed inappropriate prescribing with inadequate charting. Subsequent medical and psychological review and testing of the physician did not indicate any ongoing impairment. This testing was inordinately delayed secondary to lack of communication between the physician and his lawyer and with the Board. The forensic psychologist did not feel that the physician posed any significant ongoing practice risk.

Case will thus be dismissed with a letter of guidance making the following recommendations:

The physician will limit his practice to radiology.

1. The physician shall make no claims to have additional specialty training beyond radiology.
2. The physician will not prescribe any controlled substances.
3. The physician will comply in a timely manner with all directives issued by licensing and regulatory agencies.
4. The physician will keep full and accurate medical records of all patient encounters and should consider taking a course in medical record keeping and/or medical documentation.

5. CR 11-068

Dr. Dumont moved to hold an Informal Conference in the matter of CR 11-068. Dr. Nyberg seconded the motion, which passed 6-0-0-2 with Dr. Hatfield and Dr. Andrews recused.

6. CR 11-317

Dr. Dumont moved to hold an informal conference in the matter of CR 11-317 and suggested the physician take a course prior to the informal conference. Dr. Gleaton seconded the motion, which passed unanimously.

7. Intentionally Left Blank

8. Complaint Status Report (FYI)

9. Review Draft Letters of Guidance

A. CR 10-052 Victor T. Ho, M.D.

Dr. Dumont moved to approve the letter of guidance to Victor T. Ho, M.D. Dr. Gleaton seconded the motion, which passed 6-2.

B. CR 10-200 John H. Brennan, M.D.

Dr. Barnhart moved to approve the letter of guidance to John H. Brennan, M.D. as edited. Dr. Gleaton seconded the motion, which passed unanimously.

C. CR 10-604 Cristobal G. Alvarado, M.D.

Dr. Dumont moved to approve the letter of guidance to Cristobal G. Alvarado, M.D. as edited. Dr. Gleaton seconded the motion, which passed, unanimously.

D. CR 11-347 George R. Kunhardt, M.D.

Dr. Hatfield moved to approve the letter of guidance to George R. Kunhardt, M.D. Dr. Dumont seconded the motion, which passed unanimously.

10. Consumer Assistant Feedback (FYI)

III. NEW COMPLAINTS

11. CR 11-132

Dr. Andrews moved to dismiss CR 11-132. Dr. Dumont seconded the motion, which passed unanimously.

The complainant alleges that the physician, who is the regional medical director for the facility where the complainant currently resides, improperly acquiesced in the decision of a nurse practitioner to discontinue two of his medications, which caused him pain and suffering. The physician responded by acknowledging that he is the regional medical director for the facility that employs the nurse practitioner, and that he concurred in the decision to discontinue the medications based upon the diversion of medications by the complainant. In addition, the physician noted that another physician employed at the same facility subsequently re-started the medications. A review of the records indicates that on 7/23/10, the complainant suffered an apparent seizure, which resulted in the initial decision to discontinue the two medications. On 9/10/10 the medications were restarted. The complainant was subsequently investigated for suspected drug diversion (i.e., not taking his medication as prescribed) on 9/21/10, 12/30/10, and 2/8/11. On 2/8/11, the nurse practitioner consulted with the physician and discontinued the two

medications. The Board received the complaint on March 21, 2011. According to the records, the medications were restarted on 4/19/11 and 5/26/11 by a different physician.

The actions of the physician to withdraw medication from a patient, with a known history of repeated drug diversion attempts, were entirely appropriate.

12. CR 11-133

Dr. Andrews moved to dismiss CR 11-133. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant alleges that the physician, his psychiatrist, discontinued his medications, without tapering, and caused him pain and suffering. The physician admits that he discontinued the medication based upon the complainant's history of diverting medications (i.e., not taking them as prescribed) and failing to submit to a urine screen, which taken as a whole made him untrustworthy and difficult to treat. In addition, the physician indicated that the medications did not need to be tapered, and that they were not essential to treating the complainant's condition. A review of the records corroborates the physician's response.

The attempted diversion of prescribed drugs by the complainant is well documented. The subsequent actions by the physician are deemed appropriate.

The considerable barriers to treatment created by the patient's decisions to mishandle his medications are documented in the record.

13. CR 11-343

Dr. Dumont moved to investigate further CR 11-343. Dr. Nyberg seconded the motion, which passed unanimously.

14. CR 11-354

Mr. Dyer moved to dismiss CR 11-354. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant believes the standard procedure for approval of her out-of-state elective surgery took too long. She initiated medical care without prior authorization and then requested staff members to back date the referral request. This is not an accepted practice. The physician and her two staff members responsible for following accepted procedures explained each step they took in this case, and the positive outcome they achieved. All three were efficient and professional without fail.

15. CR 11-345

Ms. Clukey moved to dismiss CR 11-345. Dr. Gleaton seconded the motion, which passed unanimously.

The husband of a patient alleges the physician did not adequately address his wife's pain, was rude and arrogant, refused referral, and stated that treatment was limited because his wife was "free care." The physician disagrees that his demeanor was inappropriate; however, he apologizes for any unintended offense. He explains his care which did include treatment and prescriptions for pain. He mentioned "free care" programs the patient might be eligible for.

16. CR 11-346

Ms. Clukey moved to dismiss CR 11-346. Dr. Dumont seconded the motion, which passed unanimously.

The husband of a patient complains his wife waited an excessive amount of time before being seen by the physician in the Emergency Department. He complains the physician did not order the tests they requested and did not discuss results of blood tests. He also alleges the physician referred to his wife as a drug seeker. The physician responds the patient was seen promptly and explains the conditions in the ED that day. She states the patient was appropriately evaluated and treated for her complaints, which is confirmed by the medical record. She states she reviewed results and did discuss the patient's poly-pharmacy with her. She denies referring to the patient as a "drug seeker."

17. CR 11-373

Dr. Dumont moved to dismiss CR 11-373. Dr. Andrews seconded the motion, which passed 7-0-0-1 with Dr. Hatfield recused.

This complaint involves a patient who alleges that the neurologist she was referred to was arrogant and did not listen to her. She alleges lack of appropriate diagnosis and treatment. She was subsequently diagnosed with MS by another neurologist.

The physician replies that he was polite and professional. He states that he did listen to her and did an appropriate exam and ordered appropriate testing, all of which were normal. He states he was not trying to patronize her but rather was trying to be reassuring.

Review of the record indicates an appropriate history and exam with appropriate testing for what can be an elusive diagnosis. What actually occurred on an interpersonal level between the patient and the physician is impossible to assess. The neurologist might have considered scheduling an additional follow-up appointment to re-assess the patient, both to confirm his initial impression and then to reassure the patient if appropriate, but overall the patient's care was reasonable.

18. CR 11-375

Dr. Dumont moved to dismiss CR 11-375. Dr. Gleaton seconded the motion, which passed unanimously.

The patient states that a PA did a test on her that was not requested, and that was actually declined by the patient. She states that she should not be charged for this test by an outside laboratory, and feels angry with and lied to by the practice. The Board agrees that clear communication is a necessary part of an office visit, as well as documentation of this communication. In this case, there are no recorded facts either supporting or negating the complaint that the patient explicitly refused this test.

19. CR 11-376

Dr. Dumont moved to dismiss CR 11-376. Dr. Gleaton seconded the motion, which passed unanimously.

The patient, who had a procedure by a PA, feels that she clearly communicated that she did not want part of the procedure done. When she received a bill from an independent lab for this test, she did not feel she was responsible for paying for the charge. She requested that the PA's supervising M.D. use his referral relationship with the outside laboratory to have the fee waived, and wanted the physician to personally attend to this and to personally answer her letters. It is not clear from the medical record that the patient did or did not agree to the test. In any case, it is not appropriate for a physician, or any provider, to use referral relationships to alter charges to a patient. The practice administrator and then the physician did respond to the patient's letters. She also feels she was dismissed from this practice because of her refusal to pay for the test. This was not supported by the record as she had verbally stated to the practice that she was going to transfer her records soon after her first complaint letter and even before communicating with the physician.

20. CR 11-380

Dr. Gleaton moved to dismiss CR 11-380. Dr. Nyberg seconded the motion, which passed unanimously.

A Maine State Prison inmate complained that his health information privacy was violated by a neurologist seeing him for a consult. Despite the patient refusing authorization to send his consult records back to the referring prison physician, the neurologist dictated a consultation report that was faxed (substantiated by the record) back to the Maine State Prison referring physician who is responsible for the care of the inmate. Maine State Statute (title 22 Section 1711-C (6)) sanctions unauthorized sharing of health information between health care providers caring for a patient.

21. CR 11-383

Dr. Gleaton moved to dismiss CR 11-383. Dr. Dumont seconded the motion, which passed unanimously.

In this complaint, the patient saw the physician after her previous doctor had moved. She complains the physician refused to renew her controlled medication. The physician replied the patient arrived without previous records and that he was uncomfortable prescribing the

medication without previous medical records and because of his inexperience using it. He offered to refer her to a pain specialist. The patient did not provide authorization for the Board to obtain her medical records; therefore, the file is incomplete.

22. CR 11-384

Dr. Barnhart moved to dismiss CR 11-384. Dr. Nyberg seconded the motion, which passed unanimously.

The complainant is a young man seeking a second opinion about lesions on his face. Unwilling to accept results of a definitive study, the complainant is in conflict with the physician about the amount of further testing needed. In addition, the patient feels he had been treated rudely in the process of this disagreement. The medical care provided was appropriate and the testing twice confirmed the physician's diagnosis. The patient's personal intensity is documented in the records and the Board recognizes the physician was challenged to manage this interaction to the patient's satisfaction.

23. CR 11-385

Dr. Andrews moved to dismiss CR 11-385. Dr. Gleaton seconded the motion, which passed unanimously.

The patient makes generalized allegations of failure to provide appropriate medication and treatment by the physician, who saw the patient once during emergency department visits. The physician described his interactions with the patient, including a detailed assessment and review of diagnostic studies regarding the patient's complaints. The patient refused to execute a written release to permit the Board access to his medical records regarding this matter, hampering review of his allegations. The physician's description of his medical care and treatment seems appropriate. In the absence of a medical record to review, a more detailed investigation cannot be done.

24. CR 11-393 Michael F. Regan, M.D.

Dr. Nyberg moved to dismiss with a letter of guidance the complaint against CR 11-393 Michael F. Regan, M.D. Dr. Barnhart seconded the motion, which passed 6-0-0-2 with Dr. Hatfield and Dr. Andrews recused. The letter of guidance will highlight the following:

There are many ways to lighten the mood in the exam room that do not involve potentially offensive humor. In the future, consider supporting your patient with an expression of empathetic understanding instead of a risky joke.

25. CR 11-398

Dr. Hatfield moved to table CR 11-398 and order an outside review. Dr. Gleaton seconded the motion, which passed unanimously.

26. CR 11-399

Dr. Dumont moved to investigate further CR 11-399. Dr. Gleaton seconded the motion, which passed unanimously.

27. CR 11-403

Mr. Dyer moved to dismiss CR 11-403. Dr. Gleaton seconded the motion, which passed unanimously.

Complainant states this doctor has seen him only one time. He also states during this exam the doctor hurt him by rough handling.

This patient has a long term history of significant back pain as well as other pains. In order to control his pain he has used various strategies including opiates and continued long term use of Methadone. Generally, he has had little success at controlling his pain. He states on several occasions by his own choice he has remained in extended bed rest due to his pain. It is unremarkable that he remained in bed after his examination by this doctor.

The doctor's employer interviewed the doctor after the complaint was received. The doctor has stated he has never hurt anyone during an examination in his practice of medicine. It is not possible to evaluate or determine with certainty whether the patient suffered excessively as a result of this examination, but it does not appear likely.

28. CR 11-404

Ms. Clukey moved to dismiss CR 11-404. Dr. Dumont seconded the motion, which passed 7-0-0-1 with Dr. Barnhart recused.

The patient complains the physician refused to refill his prescription. He explained the need for an early refill but complains the physician did not listen to him, did not look at the results of his urine screen and will not return his calls. The physician responds he was concerned about early refills and the patient's claim that he had thrown out some of his medication. He states the patient called the practice and stated he might assault the physician. The patient has requested his complaint be withdrawn.

29. CR 11-434

Dr. Barnhart moved to investigate further CR 11-434. Dr. Andrews seconded the motion, which passed unanimously.

30. Intentionally left blank

IV. ASSESSMENT & DIRECTION

31. AD 11-364

Dr. Dumont moved to file AD 11-364. Dr. Nyberg seconded the motion, which passed unanimously.

32. AD 11-451

Dr. Nyberg moved to file AD 11-451. Dr. Gleaton seconded the motion, which passed unanimously.

33. AD 11-452 (CR 11-506)

Dr. Andrews moved to issue a complaint in the matter of AD 11-452 (CR 11-506). Dr. Gleaton seconded the motion, which passed unanimously.

34. AD 11-456 (CR 11-507)

Mr. Dyer moved to issue a complaint in the matter of AD 11-456 (CR 11-507). Dr. Barnhart seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

35. AD 11-459 (CR 11-508)

Dr. Gleaton moved to issue a complaint in the matter of AD 11-459 (CR 11-508). Dr. Barnhart seconded the motion, which passed 7-0-0-1 with Dr. Gleaton recused.

36. AD 11-471 (CR 11-509)

Dr. Dumont moved to issue a complaint in the matter of AD 11-471 (CR 11-509). Dr. Gleaton seconded the motion, which passed unanimously.

37. AD 11-473 (CR 11-510)

Dr. Gleaton moved to issue a complaint in the matter of AD 11-473 (CR 11-510). Dr. Nyberg seconded the motion, which passed unanimously.

38. AD 11-491

Dr. Gleaton moved to file AD 11-491. Dr. Dumont seconded the motion, which passed unanimously.

39. AD 11-493 (CR 11-511)

Ms. Clukey moved to issue a complaint in the matter of AD 11-493 (CR 11-511). Dr. Nyberg seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCES

A. CR 11-098 Abby R. Thrower, M.D.

After an Informal Conference, Ms. Clukey moved to dismiss with a letter of guidance CR 11-098 Abby R. Thrower, M.D. Dr. Nyberg seconded the motion, which passed unanimously.

A funeral director complains a physician refused to sign a death certificate. The physician's patient died while she was on vacation. The funeral director waited for the physician to return from vacation to sign the death certificate, as both the family and the hospital identified this physician as the attending physician. When an assistant came to the office to retrieve the death certificate she learned the physician had destroyed the document and would not sign a blank certificate. When the funeral director came to obtain the death certificate, as the family was waiting to cremate the body, a dispute ensued in the physician's office waiting room. She refused to sign the death certificate. The funeral director tried to explain Maine's procedure for signing a death certificate but the physician adamantly refused and called security. The physician's conduct contributed to an escalation of the conflict and forestalled the professional collaboration that was necessary at the time.

The Letter of Guidance will remind the physician that signing a death certificate is an obligation of the last act of patient care. It is also a physician's obligation to work in collaboration with other professionals. The physician will be reminded that her communication with others should always be on a professional level.

B. CR 11-161

Ms. Clukey moved to dismiss CR 11-161 with a letter of guidance. Mr. Dyer seconded the motion, which failed 2-6.

Dr. Nyberg moved to dismiss CR 11-161. Dr. Gleaton seconded the motion which failed 4-4.

Mr. Dyer moved to investigate further CR 11-161. Dr. Dumont seconded the motion which failed 4-4.

Dr. Gleaton moved to dismiss CR 11-161. Dr. Nyberg seconded the motion, which passed 6-2.

The complaint alleges the physician is mentally unfit to practice medicine. The physician replied that the complainant has never received treatment from her. The physician did not respond to this complaint until four months (120 days) after receiving it, despite multiple attempts by Board staff to obtain a response. Physicians have a professional obligation, by statute, to respond to a formal complaint within thirty days. Following an informal conference with the physician, which included a discussion of the failure to timely respond to the complaint for which the physician took full responsibility, the Board voted to dismiss the complaint. The Board based its decision to dismiss upon the physician's naiveté surrounding the complaint process and the belief that the physician will not engage in similar conduct in the future.

PUBLIC SESSION

VI. MINUTES OF NOVEMBER 8, 2011

Dr. Dumont moved to approve the minutes of November 8, 2011. Ms. Clukey seconded the motion, which passed unanimously.

VII. BOARD ORDERS and CONSENT AGREEMENT MONITORING and APPROVAL

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Leslie C. Harding, M.D. [See Attached at Appendix A]

Dr. Dumont moved to approve a consent agreement in the matter of Leslie C. Harding, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

2. C. Thomas Folkemer, M.D. (Course completion FYI)

3. Alexandria Nesbit, P.A.-C. (Approval workplace monitor)

Dr. Dumont moved to approve Michael Boniface Bruehl, M.D. as Ms. Nesbit's workplace monitor. Dr. Gleaton seconded the motion, which passed unanimously.

4. Joshua Werblin, M.D. (Course clarification) (FYI)

5. John Newcomb, M.D. (Request to terminate Consent Agreement)

Dr. Dumont moved to approve Dr. Newcomb's request to be released from his Consent Agreement. Dr. Nyberg seconded the motion, which passed unanimously.

VIII. ADJUDICATORY HEARING CR 10-454 TIMOTHY J. WIEGAND, M.D.

Dr. Dumont moved to unset the adjudicatory hearing in the matter of Timothy J. Wiegand, M.D. Dr. Nyberg seconded the motion, which passed unanimously.

Consent Agreement CR 10-454 Timothy J. Wiegand, M.D. [See attached at Appendix B]

Dr. Dumont moved to approve a consent agreement in the matter of Timothy J. Wiegand, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

IX. REMARKS OF CHAIRMAN

A. MPCA Opiate Use for DNCP (FYI)

X. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. Complaint Status Report (FYI)

B. Policy Review - Board Secretary Duties

Dr. Dumont moved to reaffirm the Board Secretary Duties policy. Dr. Nyberg seconded the motion, which passed unanimously.

C. Policy Review – MPHP Evaluation Required

The MPHP Evaluation Required policy will be updated and brought back to the Board.

D. Possible FSMB Resolution ((FYI)

E. Letter of Support

Dr. Barnhart moved to send a letter of support and commitment toward further development and expansion of a multi-state cooperation between licensing boards to create and implement policies that will reduce statutory and regulatory barriers to Telemedicine from the Board to Humayun J. Chowdhry, D. O., Chief Executive Officer of the Federation of State Medical Boards. Dr. Dumont seconded the motion, which passed unanimously.

XI. MEDICAL DIRECTOR'S REPORT

A. LD 1501 Study Group Study Group Report (FYI)

B. Standards 5 MRS §8062 (FYI)

XII. REMARKS OF ASSISTANT ATTORNEY GENERAL

1. Superior Court Decision (CR 09-441)

Dr. Nyberg moved to investigate further CR 09-441. Dr. Gleaton seconded the motion, which passed unanimously.

XIII SECRETARY'S REPORT

A, List A

1. M.D. List A Licenses for Ratification

Dr. Barnhart moved to ratify the action of the Board Secretary in granting licenses to the physicians on List A. Dr. Dumont seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary Maroulla Gleaton, M.D. without reservation:

NAME	SPECIALTY	LOCATION
Allen Jr., Terry	Internal Medicine	Brunswick
Camacho, Marc A.	Diagnostic Radiology	Not Listed
Erban III, John K.	Oncology	Telemedicine
Gallo, Ralph C.	Pediatrics	Not Listed
Hudkins, Matthew G.	Diagnostic Radiology	Not Listed
Hullur Subramanyam, Ramya	Family Practice	Not Listed
Katzen, John T.	Plastic Surgery	Bangor
Kerr, Michael E.	Psychiatry	Isleboro
Kessler, Robert A.	Internal Medicine	Portland
Lerner, Herman	Preventative Medicine	Not Listed
Matthews, Joseph I.	Internal Medicine	Not Listed
McDonough III, Robert C.	Urology	Portland
Nelson, Suzanne M.	Pediatrics	Houlton
Newman, Barbara A.	Diagnostic Radiology	Not Listed
Niebylski, Bruce M.	Internal Medicine	Portland
Nosanov, Michael S.	Otolaryngology	Not Listed
Nunez, Carlos F.	Internal Medicine	Not Listed
Ramakrishna, Yamini	Internal Medicine	Bangor
Rouleau, Peggy A.	Diagnostic Radiology	Bangor
Smith, Emmaleigh M.	Family Medicine	Waterville
Stupart, Shauna P.	Family Medicine	Augusta
Sussman, Arlene	Diagnostic Radiology	Not Listed
Venepalli, Preethi K.	Pediatrics	Farmington

2. P.A. List A Licenses for Ratification

Dr. Dumont moved to ratify the action of the Board Secretary in granting licenses to the physician assistants on List A. Ms. Clukey seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>Name</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Adam Barnard, P.A.-C.	Active	C. Forrest West, M.D.	Albion
Michael Duerkes, P.A.-C.	Inactive	NONE	NONE
Tenielle Holste, P.A.-C.	Inactive	NONE	NONE
Kathryn Maschka, P.A.-C.	Inactive	NONE	NONE
Danielle Parrott, P.A.-C.	Active	Joel Botler, M.D.	Portland
Heather Renihan, P.A.-C.	Inactive	NONE	NONE
Julie Thompson, P.A.-C.	Active	George Glass Jr., M.D.	Lewiston
Tori Thoreson, P.A.-C.	Inactive	NONE	NONE

B. List B Applications for Individual Consideration

1. Van LaMore, P.A.-C.

The Licensure Committee moved to approve the license application of Van LaMore, P.A.-C. The motion passed unanimously.

2. Bradley Henderson, M.D.

The Licensure Committee moved to approve the license application of Bradley Henderson, M.D. The motion passed unanimously.

3. Robert Ruth, M.D.

The Licensure Committee moved to approve licensing Robert Ruth, M.D. by Consent Agreement. The motion passed unanimously.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement

Dr. Dumont moved to ratify the action of Board Secretary Maroulla Gleaton in reinstating the licenses on List C. Dr. Andrews seconded the motion, which passed unanimously.

The following license reinstatement applications have been approved by Board Secretary Maroulla Gleaton, M.D., without reservation.

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
McLaughlin, Scott A.	Internal Medicine	Not Listed
Patel, Ashok	Internal Medicine	Fort Kent
Wigfall, Preston A.	Emergency Medicine	Not Listed

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Andrews moved to approve the physicians on List D to withdraw their licenses from registration. Ms. Clukey seconded the motion, which passed unanimously.

The following physicians and physician assistants have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Stocks, Joseph	005053
Lievano, Jaime	015271
Mossman, Philip	007844
MacCracken, Joan	009177
Sembrano, Romeo	009578
Smith, Pamela	018641
Wolodzko, Andrew	011272

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law

The following physician and physician assistant licenses lapsed by operation of law effective December 5, 2011.

<u>NAME</u>	<u>LICENSE NO.</u>
Menger, Harold	MD6169
Constantinescu, Polina	MD9035
Bonete, Salvacion	MD9256
Churchville, Lawrence	MD11167
Stulc, Diana	MD17632
Gammon, David	MD17705
Banasiak, Kenneth	MD17922
Sintoso, Dmitriy	MD18205
Lombardi, Mary	MD18252
Prabakaran, Sushil	MD18426
Wardeh, Anas	MD18524
Andrews, Robert	MD5671
Thirumurthi, Manjankarani	MD11263
Johnson, Andrew	MD12195
Henderson, Milton	MD12480
Sunshine, Thomas	MD13101
Brown, Clarence	MD13335
Dean, Donald	MD13430
Adams, Abigail	MD13772
Suchan, Simona	MD15581
Siddiqui, Mohammad	MD15748
Gemmett, Stephen	MD16412
Kraus, Frederick	MD16570
Khan, Talal	MD16859
Menger, Harold	MD6169
Constantinescu, Polina	MD9035
Bonete, Salvacion	MD9256
Churchville, Lawrence	MD11167

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review

1. Nancy Epifano, M.D.

The Licensure Committee moved to approve the renewal application of Nancy Epifano, M.D. The motion passed unanimously.

H. List H. Physician Assistant Schedule II Authority Requests for Ratification (None)

XIV. STANDING COMMITTEE REPORTS

A. Special Projects Committee (FYI)

B. Physician Assistant Advisory Committee (No report)

XV. BOARD CORRESPONDENCE (None)

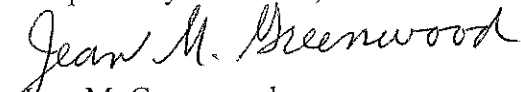
XVI. FYI

XVII. FSMB MATERIAL FYI

XVIII. OTHER BUSINESS (None)

XIX. ADJOURNMENT 5:00 p.m.

Respectfully submitted,


Jean M. Greenwood
Board Coordinator

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

APPENDIX A

IN RE:)	CONSENT AGREEMENT
LESLIE C. HARDING, M.D.)	FOR DISCIPLINE AND
Complaint Nos. CR10-475/582)	RESTRICTED/CONDITIONAL
)	LICENSURE

This document is a Consent Agreement For Discipline and Restricted/Conditional Licensure, effective when signed by all parties, regarding discipline imposed upon and the issuance of an active conditional license to practice medicine in the State of Maine to Leslie C. Harding, M.D. The parties to this Consent Agreement are: Leslie C. Harding, M.D. ("Dr. Harding"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

STATEMENT OF FACTS

1. The Board first issued Dr. Harding a medical license on July 11, 1978. Dr. Harding specializes in Internal Medicine.
2. On October 12, 2010, the Board reviewed information received from Franklin's Women's Healthcare (FWH) expressing concerns regarding Dr. Harding's prescribing of controlled drugs to a pregnant patient. FWH provided a copy of a letter sent to Dr. Harding in follow-up to two (2) telephone calls regarding medical management of the female patient, his prescribing opiates and benzodiazepines for the patient during her pregnancy and concerns about possible drug diversion. In addition, the Board reviewed the patient's medical records from FWH. Following its review of this information, the Board voted to

initiate a complaint against Dr. Harding's Maine medical license. The Board docketed the complaint as CR10-475, and sent it, together with a subpoena for the patient's medical records, to Dr. Harding for a response.

3. On November 9, 2010, the Board received a written response to complaint CR10-475, together with the patient's medical records, from Dr. Harding.

4. On December 14, 2010, the Board reviewed complaint CR10-475, and voted to schedule the matter for an informal conference with Dr. Harding regarding the following issues:

- a. Dr. Harding's medical management of the patient;
- b. Dr. Harding's failure to advise the patient's obstetrical providers that he was prescribing methadone for her during her pregnancy; and
- c. Dr. Harding's failure to conduct pills counts or urine toxicology screens to ensure the patient was not diverting her medications.

5. On December 14, 2010, the Board also reviewed an article from the *Lewiston Sun Journal* regarding the arrest of a patient for allegedly diverting her opiate medication. Board staff performed a check of the Prescription Monitoring Program (PMP), and learned that Dr. Harding had been prescribing controlled drugs to the patient. Following its review of this information, the Board voted to initiate a complaint against Dr. Harding's Maine medical

license. The Board docketed the complaint as CR10-582, and sent it, together with a subpoena for the patient's medical records, to Dr. Harding for a response.

6. On January 28, 2011, the Board received a written response to complaint CR10-582, together with the patient's medical records, from Dr. Harding.

7. On March 8, 2011, the Board reviewed complaint CR10-582, and voted to schedule the matter for an informal conference with Dr. Harding regarding the following issues:

a. The failure to attempt to seek other appropriate medical treatment for the patient (besides prescribing narcotic medications);

b. The failure to recognize and respond to escalating doses and early refills for narcotics by the patient;

c. The failure to perform random urine screens and pills counts regarding the patient to help prevent potential diversion; and

d. Dr. Harding's prescribing of certain narcotics for long-term use by the patient.

8. On July 12, 2011, the Board held an informal conference with Dr. Harding regarding complaints CR10-475 and CR10-582, during which it discussed with him the issues identified above. In addition, the Board discussed with Dr. Harding the letter of guidance that it issued to him on November 15, 2006, regarding a prior complaint concerning his prescribing

practices for controlled drugs. The letter of guidance recommended that Dr. Harding:

- a. Continue to gain a better understanding of the medications he prescribed;
- b. Determine and enforce significant consequences for patient violation of written pain contracts;
- c. Manage medications by titrating more deliberately; and
- d. Continue his education to develop appropriate monitoring systems for chronic pain.

Following the informal conference, the Board voted to schedule complaints CR-475 and CR10-582 for an adjudicatory hearing. In addition, the Board voted to authorize its assigned legal counsel to negotiate a consent agreement with Dr. Harding to resolve complaints CR10-475 and CR10-582 without hearing.

9. This Consent Agreement has been negotiated by and between legal counsel for Dr. Harding and the Maine Office of the Attorney General in order to resolve complaints CR10-475 and CR10-582 without an adjudicatory hearing. Absent Dr. Harding's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before November 18, 2011, the Board will resolve these matters by holding a consolidated adjudicatory hearing at a later date.

10. By signing this Consent Agreement, Dr. Harding waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Dr. Harding also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

In lieu of proceeding to an adjudicatory hearing the Board and Dr. Harding agree to the following disposition.

11. Dr. Harding concedes that based upon the facts described in paragraphs 1 to 10 above that the Board has sufficient evidence from which it could conclude that he failed to meet the standards of care by:

a. CR10-475: failing to advise the patient's obstetrical providers that he was prescribing methadone for her during her pregnancy; and failing to conduct pills counts or urine toxicology screens to ensure the patient was not diverting her medications.

b. CR10-582: failing to attempt to seek other appropriate medical treatment for the treatment of the patient's chronic pain (besides prescribing narcotic medications); failing to recognize and respond to escalating doses and early refills for narcotics by the patient; failing to perform random urine screens and pills counts regarding the patient to help prevent potential diversion; and prescribing of certain narcotics for

long-term use by the patient.

~~Dr. Harding concedes that such conduct, if proven, could constitute~~
grounds for discipline and the denial of his application to renew his Maine
medical license pursuant to 32 M.R.S.A. § 3282-A(2) ~~(H)~~ **HH**

12. ~~As discipline for the conduct admitted above, Dr. Harding agrees~~
to:

- a. Accept a REPRIMAND. As a medical professional, Dr. Harding was responsible for being aware of and complying with accepted standards of care for the diagnosis and treatment of chronic pain.
- b. Reimburse the Board Three Hundred Dollars and Zero Cents (\$300.00) as costs of the investigation of this matter. Dr. Harding shall ensure that he makes full payment of reimbursement to the Board within six (6) months following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine," and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.
- c. Accept the following license restriction: Dr. Harding shall immediately cease prescribing any controlled medications (i.e. narcotics, including all opiates and opioids) for the treatment of chronic pain except for:
 - (i) Patients in skilled nursing facilities or long-term care facilities;

(ii) Patients in hospice care; or

(iii) ~~Patients with metastatic cancer.~~

Dr. Harding may prescribe controlled substances for no more than ten (10) consecutive days to treat acute conditions. In addition, to the extent that Dr. Harding prescribes any controlled drugs to patients for acute pain, Dr. Harding shall comply with Board Rule, Chapter 21, "Use of Controlled Substances For Treatment of Pain." In complying with this restriction, Dr. Harding agrees to cooperate with the Board, including permitting the Board or its agent(s) to inspect the medical records of his practice.

13. Dr. Harding waives his right to a hearing before the Board or any court regarding all findings, terms, restrictions and conditions of this Consent Agreement. Dr. Harding agrees that this Consent Agreement is a final order resolving complaints CR10-475 and CR10-582. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

14. The Board and the Maine Office of the Attorney General may communicate and cooperate regarding Dr. Harding or any other matter relating to this Consent Agreement.

15. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public

pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary and adverse licensing action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

17. The Board and Dr. Harding agree that no further agency or legal action will be initiated against him by the Board based upon complaints CR10-475 or CR10-582, except or unless he fails to comply with the terms and conditions of this Consent Agreement.

18. Dr. Harding acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for additional disciplinary action against his Maine medical license, including but not limited to an order, after hearing, imposing additional fines and costs.

19. Dr. Harding acknowledges and agrees that, pursuant to Title 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke his medical license in the event that he fails to comply with any terms or conditions of this Consent Agreement.

20. Dr. Harding has been represented by David M. Sanders, Esq., who has participated in the negotiation of this Consent Agreement.

21. Dr. Harding acknowledges by his signature hereto that he has read

this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

I, LESLIE C. HARDING, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: Nov 15, 2011

Leslie Harding
LESLIE C. HARDING, M.D.

STATE OF Maine
Androscoggin, S.S.

Personally appeared before me the above-named, Leslie C. Harding, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

Dated: 11/15/11

[Signature]
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: _____

Dated: 11/15/11

[Signature]
DAVID M. SANDERS, ESQ.
Attorney for Leslie C. Harding, M.D.

STATE OF MAINE BOARD OF
LICENSURE IN MEDICINE

Dated:


12/13/11


GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF ATTORNEY GENERAL

Dated:

12/13/11


DENNIS E. SMITH
Assistant Attorney General

Effective Date:

12/13/11

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:)
Timothy J. Wiegand, M.D.) CONSENT AGREEMENT
Complaint No. CR10-454)

This document is a Consent Agreement, effective when signed by all parties, regarding the license to practice medicine in the State of Maine held by Timothy J. Wiegand, M.D. The effect of this Consent Agreement is to impose discipline upon the license to practice medicine in the State of Maine of Timothy J. Wiegand, M.D. The parties to the Consent Agreement are: Timothy J. Wiegand, M.D. ("Dr. Wiegand"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. At all times relevant to this Consent Agreement, Dr. Wiegand was a physician licensee of the Board. The Board first issued Dr. Wiegand a medical license on June 27, 2008. Dr. Wiegand specializes in Medical Toxicology. During the time that Dr. Wiegand practiced in Maine, he worked for Maine Medical Center (MMC).

2. On July 22, 2010, Detective Peter P. Lizanecz of the State of Maine Office of Attorney General was contacted by a Special Agent of the United States Office of the Inspector General who provided information that Dr. Wiegand appeared to be writing prescriptions for large amounts of controlled substances for a family member that were all filled at a single pharmacy. Detective Lizanecz contacted the pharmacy identified by the Special Agent, confirmed that Dr. Wiegand had been writing prescriptions for narcotics for his wife, and obtained a copy of the pharmacy's patient profile for Dr. Wiegand's wife. That profile indicated that Dr. Wiegand prescribed Oxycodone, Oxycontin, Hydromorphone and other controlled substances to his wife. In addition, Detective Lizanecz obtained information from the Maine Prescription Monitoring Program and the single pharmacy, which also confirmed that Dr. Wiegand had been prescribing large amounts of controlled substances for his wife from April 2009 to July 2010 at this single pharmacy only.¹

3. On September 14, 2010, the Board reviewed the information provided by Detective Lizanecz, and voted to issue a complaint against Dr. Wiegand's Maine medical license pursuant to 32 M.R.S. § 3282-A(1). The Board docketed the complaint as CR10-454. The Board sent Dr. Wiegand the complaint, together with a copy of the investigative materials, and requested that he provide a written response. In addition, the Board issued a subpoena that

¹ The information indicated that Dr. Wiegand wrote forty-six (46) prescriptions for long-acting and short-acting opioid analgesics for his wife, totaling 4,237 tablets.

required Dr. Wiegand to provide the Board with a copy of any medical records he created or maintained regarding his wife.

4. On December 6, 2010, the Board received a written response from Dr. Wiegand to complaint CR10-454 and a copy of the medical records Dr. Wiegand created and maintained regarding his medical treatment of his wife. In his response, Dr. Wiegand acknowledged that he prescribed controlled substances for his wife by issuing prescriptions to a single pharmacy only. Dr. Wiegand apologized for this conduct and acknowledged that he should not have provided any treatment to or prescribed any medications for his wife. According to Dr. Wiegand, he was taken aback by the number of controlled drugs that he had prescribed for his wife when he reviewed the complaint information. In addition, Dr. Wiegand acknowledged that he used some of the controlled substances that he prescribed for his wife in order to medicate himself for various chronic injuries he sustained during years of martial arts training and competitions. According to Dr. Wiegand, he likewise treated and prescribed controlled substances to his wife due to her chronic injuries from years of martial arts training and competitions. Dr. Wiegand stated that he began treating and prescribing controlled drugs to his wife because she did not have a primary care provider. Dr. Wiegand stated that he did not intend to treat his wife for long-term chronic pain, but believed that her pain was real and debilitating. Dr. Wiegand produced limited medical records regarding his treatment of his wife, which records documented only seven (7) patient encounters and covered only the timeframe from April 1, 2010 to June 4, 2010. Dr. Wiegand acknowledged that he did not create nor maintain any other medical records regarding his treatment and prescribing of controlled substances to his wife. In addition, the seven records produced by Dr. Wiegand were on pre-printed paper with the words "Maine Medical Center Progress Note" at the top. Dr. Wiegand was employed as a physician at Maine Medical Center at the time. Dr. Wiegand stated that he has stopped prescribing controlled substances for his wife, and made arrangements for her to be treated by a primary care physician. According to Dr. Wiegand, he subsequently completed continuing medical education courses regarding opioid prescribing and, since relocating his medical practice to New York, has enrolled in the New York Committee on Physician's Health and the Maine Medical Professionals Health Program to address his dependence on opioids. The Board received a letter from the New York Committee on Physician's Health reporting that Dr. Wiegand has been enrolled in that program since January 2011, and been adhering to a regimen of toxicology monitoring as well as group and individual therapy, and that he has been cooperative with his monitors, competent at his worksite and committed to his recovery.

5. Detective Lizanecz subsequently obtained a copy of the prescriptions Dr. Wiegand wrote for his wife for controlled substances. All of the prescriptions were written on a prescription pad with the words "Maine Medical Center" pre-printed at the top and included its DEA registration number. However, all of the prescriptions written by Dr. Wiegand included his own name, clearly printed by Dr. Wiegand, and his personal DEA registration number, which was used by the pharmacy to fill all the prescriptions. According to Dr. Wiegand, he did not have or use any other prescription pads. Further investigation revealed that Dr. Wiegand's wife was not a patient at Maine Medical Center.

6. On January 11, 2011, the Board reviewed complaint no. CR10-454. Following its

review, the Board voted to schedule the matter for an adjudicatory hearing. In addition, the Board authorized its assigned legal counsel to negotiate a consent agreement in order to resolve complaint CR10-454 without hearing.

7. This Consent Agreement has been negotiated by and between the Board's assigned legal counsel and legal counsel to Dr. Wiegand. Absent Dr. Wiegand's acceptance of this Consent Agreement for discipline by signing and dating it in front of a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before December 5, 2011, the matter shall proceed to an adjudicatory hearing on December 13, 2011.

8. By signing this Consent Agreement, Dr. Wiegand waives, in his personal capacity and through legal counsel, any and all objections to, and hereby consents to allow the Board's assigned legal counsel to present this proposed Consent Agreement to the Board for possible ratification on December 13, 2011. In addition, Dr. Wiegand waives, in his personal capacity and through legal counsel, forever any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

9. Dr. Wiegand neither admits nor denies the facts above. However, Dr. Wiegand acknowledges that, should the matter proceed to hearing, the Board has sufficient evidence to find by the preponderance of the evidence that he engaged in the following acts: provided non-emergency medical treatment for his wife; failed to create and maintain adequate medical records relating to the medical treatment that he provided to his wife; provided multiple written prescriptions for controlled substances to his wife; and inappropriately used some of the controlled substances that he prescribed for his wife. Dr. Wiegand acknowledges that such conduct, if proven at hearing, would constitute unprofessional conduct and grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(F).

10. As discipline, and in recognition of Dr. Wiegand's acceptance of responsibility, his efforts to seek treatment and his commitment to refrain from the use of controlled substances and to maintain a healthy and continuous recovery, Dr. Wiegand agrees to:

a. Accept a REPRIMAND. Dr. Wiegand is hereby reprimanded by the Board for inappropriately treating and prescribing controlled substances for his wife; and personally using some of the controlled substances that he prescribed for his wife. Both of these acts violate Principle 8.19 of the Code of Medical Ethics of the American Medical Association, which generally prohibits the treatment of family members or self-treatment based upon the lack of professional objectivity. Dr. Wiegand agrees never to engage in this type of conduct again.

b. Pay a FINE of Three Thousand Dollars and Zero Cents (\$3,000.00). However, payment of one half of the fine (\$1,500.00) is suspended so long as Dr. Wiegand complies with all of the terms of this Consent Agreement, including timely completion of all requirements and reports to the Board. Dr. Wiegand shall ensure that he pays the unsuspended monetary fine (\$1,500.00) within six (6) months following the execution of this Consent

Agreement. Payment shall be made by certified check or money order made payable to "Treasurer, State of Maine," and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137. Dr. Wiegand agrees that, in the event that he fails to meet any of the reporting or other time requirements set out in this Consent Agreement (without having requested an extension prior to the due date and having that request granted by the Board), the Board may, in its sole discretion, summarily and without an adjudicatory hearing, "activate" any or all of the amount of the suspended fine. The Board shall notify Dr. Wiegand in writing of the activation of all or a portion of the suspended fine. Dr. Wiegand agrees and understands that he must pay the amount of the fine "activated" by the Board within 30 days of receiving notice that the fine was activated. Payment shall be by cashier's check or money order made out to "Treasurer, State of Maine." In addition, the parties agree and understand that the Board's decision not to "activate" all or a portion of the suspended fine for one instance of noncompliance with a reporting or other time requirement does not constitute a waiver of the Board's right to "activate" all or a portion of the fine regarding a subsequent instance of non-compliance. If Dr. Wiegand fails to pay an "activated" fine within the 30 days as provided by this section, the Board may "activate" all or a portion of the remaining portion of the "suspended" fine. Any decision by the Board pursuant to this section does not require an adjudicatory hearing and is non-appealable.

c. A LICENSE PROBATION related solely to Dr. Wiegand's meeting the recovery and treatment program for five (5) years following the execution² of this Consent Agreement, as set forth in the following terms:

(1). ABSTINENCE. Dr. Wiegand agrees that, following the execution of this Consent Agreement, he shall completely abstain from the use of any and all Prohibited Substances. "Prohibited Substances" as used throughout this Consent Agreement shall mean: benzodiazepines; sedatives; hypnotics or similar drugs; opiates; alcohol; Fentanyl; morphine, Demerol, Vicodin, Percocet, mood, consciousness or mind-altering substances, whether illicit or not; and all drugs which are dispensed to or prescribed for him by anyone other than a single primary care physician/medical provider approved by the Board pursuant to this Consent Agreement, unless the circumstances constitute a genuine medical or surgical emergency.

(i). Prescription Medication. If any controlled drug is dispensed or prescribed for Dr. Wiegand for a personal medical condition, Dr. Wiegand or the Supervising Physician shall notify the Board by telephone and in writing within 48 hours or as soon thereafter as possible. This notice shall be followed by a written summary of all pertinent circumstances. The Board shall be apprised of all continuing pertinent circumstances regarding continued use of the controlled drug, and a written report thereof shall be submitted to the Board.

(ii). Future Use of Prohibited Substances Shall Result in Loss of Licensure. Dr. Wiegand agrees and understands that any reliable evidence of his use at any time in the future, whether in Maine or elsewhere, of any Prohibited Substance, including but not

² For the purpose of this consent agreement the term "execution" shall mean the date that the final signature is affixed to this consent agreement.

limited to benzodiazepines, sedatives, hypnotics, opiates, Fentanyl, morphine, Demerol, or alcohol, shall constitute a violation of this Consent Agreement, which SHALL RESULT IN THE IMMEDIATE, INDEFINITE AUTOMATIC SUSPENSION OF LICENSURE, AND PROOF OF USE MAY RESULT IN PERMANENT REVOCATION OF LICENSURE.

(2). SINGLE PHYSICIAN/MEDICAL PROVIDER. Dr. Wiegand agrees and understands that, with the sole exception of medications permitted by the Board to be prescribed to him by his Board-approved treating physician/medical provider, he shall only obtain his prescription medication(s) from a single primary care physician/medical provider approved by the Board. Dr. Wiegand agrees and understands that he will not make any unilateral changes to the medication regimen prescribed for him by his Board approved primary care physician. In addition, Dr. Wiegand agrees that any and all prescriptions for medications that are prescribed to him by his Board-approved primary care physician/medical provider shall be filled by him at a single pharmacy.

(3). SUBSTANCE MONITORING.³ Dr. Wiegand understands and agrees that, for the duration of this Consent Agreement, he will undergo some level of substance monitoring to test whether he has used a Prohibited Substance. The monitoring shall be through urinalysis testing and/or blood testing, and any other reliable method which may later be developed and approved by the Board. Dr. Wiegand irrevocably agrees that the Board and the Maine Department of Attorney General will have full access to all test data and reports. Dr. Wiegand shall execute any and all releases necessary for the Board and/or the Attorney General to have full access to all data and reports pertaining to his substance monitoring.

(i). Supervising Physician. Dr. Wiegand shall propose a Supervising Physician (the "Supervising Physician"), who shall be approved by the Board who shall have Dr. Wiegand provide urine samples for testing for the presence of Prohibited Substances. Under no circumstances shall Dr. Wiegand fail to appear and/or provide a urine sample for testing as required by this Consent Agreement.

(ii). Process. All urine and/or blood samples shall be handled through legal chain of custody methods. All samples provided shall be analyzed by a certified laboratory, which regularly handles drug monitoring tests. All samples shall be tested for the presence of Prohibited Substances, specifically including but not limited to alcohol.

(iii). Frequency of Urine Testing. It is Dr. Wiegand's obligation to ensure that all the samples are given and tests occur as specified in this Consent Agreement. Testing shall be randomly scheduled. Notwithstanding any other provision of this Consent Agreement, the Board, the Supervising Physician, or the Board's agent may request Dr. Wiegand to submit to testing at any time. Failure to maintain this schedule or the random nature of the tests shall be cause for suspension, non-renewal or revocation of Dr. Wiegand's Maine medical license, unless proof of genuine emergent medical circumstances (for Dr. Wiegand or a patient)

³ The substance abuse monitoring pursuant to this Consent Agreement may, with the approval of the Board, be performed by the Maine Medical Professionals Health Program or other similar program approved by the Board. Dr. Wiegand has been enrolled in substance abuse monitoring with the New York Committee of Physician Health and the Maine Medical Professionals Health Program since January 2011.

exist which warrant less serious disciplinary actions being taken by the Board. For the indefinite period following the execution of this Consent Agreement, Dr. Wiegand shall provide urine samples for testing for the presence of Prohibited Substances at least twice a month, for as long as this Consent Agreement remains in effect and unless and until amended.

(iv). Reporting Test Results. It is Dr. Wiegand's responsibility to ensure that all test results are reported promptly to the Board.

(a). Immediate Report of Positive Test Results. Any test result evidencing any level of a Prohibited Substance, whether by urine or other sample, shall be reported to the Board by telephone and in writing within 24 hours or as soon thereafter as possible.

(b). Reporting Negative Test Results. Written reports of all tests shall be sent to the Board monthly, together with an explanation of the dates and times samples were provided and tests made, the type(s) of tests made, and the substances tested for (together with detectable levels tested for), and the test results. Dr. Wiegand shall ensure that all reports are made to the Board in a timely fashion.

(c). Confidentiality Waived. With regard to the Board and its agents and any process to be pursued by the Board, Dr. Wiegand hereby waives all claims of confidentiality and privilege with respect to all tests taken and test results pursuant to this Consent Agreement. Dr. Wiegand shall execute any and all releases in order for the Board to obtain access to and copies of all urine test results.

(v). Rebuttable Presumption Raised by Positive Test. It is agreed and understood that a test evidencing the presence of any Prohibited Substance, shall raise a rebuttable presumption that such substance was in fact used by Dr. Wiegand. Such a positive test result shall alone, including any test result showing the presence of ethyl glucuronide, be sufficient to prove the use of the Prohibited Substance by Dr. Wiegand. Dr. Wiegand further agrees that the result of the test may be admitted into evidence in any proceeding regarding his Maine medical license, whether before the Board or before a Court of competent jurisdiction. Dr. Wiegand is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, Dr. Wiegand agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the period of probation. In the event that Dr. Wiegand has a positive screen for morphine, opiates and/or alcohol, Dr. Wiegand agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines shall not constitute a defense to such a positive screen.

(vi). Immediate, Indefinite, Automatic Suspension for Positive Test. If any urine or blood test is positive (i.e., in any manner evidences any use of any Prohibited Substance – including a positive result for the presence of ethyl glucuronide, a metabolite of alcohol), then the result shall be the immediate, indefinite, automatic suspension of Dr. Wiegand's Maine medical license, which shall continue until the Board holds a hearing on

the matter, unless the Board, or the Board Secretary and the Department of Attorney General, earlier determine that the report is without merit. The suspension shall become effective at the time that Dr. Wiegand receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means.

(vii). Board Hearing to Determine if Dr. Wiegand Used Any Prohibited Substance. After receiving a positive report evidencing use by Dr. Wiegand of any Prohibited Substance, the Board shall investigate the situation, including demanding a response from Dr. Wiegand. The Board will hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both Dr. Wiegand and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act.

(viii). Failure to Maintain Sampling Schedule or Failure to Appear or to Provide Sample. Failure by Dr. Wiegand: to maintain the sampling schedule; to appear when demanded to provide a sample; or to provide samples upon being demanded to do so shall be dealt with as follows:

(a). Report. If Dr. Wiegand fails to appear to provide a sample, fails to maintain the sampling/testing schedule, or fails to provide a urine sample, then the Supervising Physician and Dr. Wiegand must telephone the Board as soon as possible and send to the Board a written report of such failure within 48 hours.

(b). Second Opportunity to Provide Urine Sample. If Dr. Wiegand appears when scheduled or ordered, but fails to provide an adequate sample, then with regard to urine, after accurate notation of any and all substances consumed (no substance shall be consumed which might affect the accuracy of the tests to be performed), a second opportunity to provide a urine sample shall be given after a reasonable time. A repeat failure or any refusal shall result in an immediate, indefinite suspension of medical licensure. The suspension shall begin the moment of the occurrence.

(c). Suspension. An immediate, indefinite suspension of licensure shall result from any failure by Dr. Wiegand to comply with the mandated schedule of samples, failing to appear to provide a sample, or failing to provide a urine sample after given a second opportunity. The suspension shall begin the moment Dr. Wiegand actually learns a report has been made or sent to the Board.

(d). Meeting with Board. Both Dr. Wiegand and the Supervising Physician shall, at the discretion of the Board, be required to appear before the Board regarding this situation at its next regularly scheduled Board meeting, unless the next meeting is to be held within 15 days of the suspension, in which case they may be scheduled to appear at the subsequent regularly scheduled Board meeting.

(e). Board Action. The Board may order Dr. Wiegand's Maine medical license reinstated or, if appropriate, may continue the suspension and may set the matter for hearing. The Board shall attempt to hold a hearing within 60 days of the automatic

suspension, or as soon thereafter as practicable, at which time it may take such action as it deems appropriate, including without limitation, reinstatement, fines, probation, suspension, non-renewal and revocation.

(ix). Amendment of Testing Provisions. After two (2) years of successful compliance with the terms of this Consent Agreement, Dr. Wiegand may file a written application with the Board to amend the testing requirements. Upon written application by Dr. Wiegand to the Board, the Board may amend the above agreed requirements for testing. Amendment of the testing requirements shall be in the sole discretion of the Board and shall be based upon such information as the Board deems pertinent. A decision regarding the amendment of testing provisions may be made by the Board, in its sole discretion, with or without providing a hearing. Any decision by the Board regarding a request to amend the testing requirements is not appealable. The Board can propose Amendment(s), which may or may not be agreed to by Dr. Wiegand.

(x). Increasing Testing. For good cause shown (i.e., questionable reports or problems with providing samples), the Board can, in its sole discretion, without hearing, unilaterally increase the frequency of testing to the highest levels contemplated by this Consent Agreement, and may also add an additional four random tests per month. Any decision made by the Board pursuant to this paragraph does not require a hearing and is not appealable.

(4). PROFESSIONAL MANAGEMENT.

(i). Substance Abuse Treatment. Within thirty (30) days following the execution of this Consent Agreement, Dr. Wiegand shall submit for Board approval the name of a licensed individual or agency in the treatment of substance abuse with whom Dr. Wiegand shall consult and counsel for the purpose of working on all issues pertaining to his substance abuse issues, including Dr. Wiegand's compliance with this Consent Agreement, which consultations shall be at least twice monthly following the execution of this Consent Agreement.

(ii). Single Primary Care Physician/Medical Provider. Within thirty (30) days following the execution of this Consent Agreement, Dr. Wiegand shall submit for Board approval the name of a primary care physician/medical provider who shall prescribe all necessary medications for Dr. Wiegand, and who shall coordinate Dr. Wiegand's treatment and pharmacological therapy with the Board-approved substance abuse and psychological providers. Such physician/medical provider shall be knowledgeable of Dr. Wiegand's medical history, including his substance abuse history. The Board shall retain the sole discretion, without hearing, to grant or deny approval of the primary care physician/medical provider proposed by Dr. Wiegand. Dr. Wiegand acknowledges that any decision by the Board concerning this issue is not appealable.

(iii). Prior Evaluation and Treatment Records. The Board and Dr. Wiegand agree that Dr. Wiegand shall execute all releases necessary to permit the

transmission and disclosure of all records from previous treatment providers to the Board approved primary care physician/medical provider and Board-approved treatment provider(s).

(iv). Communication of Treatment Providers. The Board and Dr. Wiegand agree that all treatment providers involved in his care shall have full communication allowed among themselves, any prior treatment providers and, when requested, with the Board or its agent(s). Dr. Wiegand waives any privileges concerning such information, reports, records, and communications among his treatment providers and the Board.

(v). Amendment of Aftercare Treatment Requirements. After one (1) year of successful compliance with the terms of this Consent Agreement, Dr. Wiegand may file a written application with the Board to amend his substance abuse treatment. The Board shall retain the sole discretion, without hearing, to grant or deny such application. Dr. Wiegand acknowledges that any decision by the Board concerning this issue is not appealable.

(vi). Change of Primary Care Physician/Medical Provider or Treatment Provider(s). If Dr. Wiegand desires to change his primary care provider/medical provider or treatment provider(s), then he shall make written application to the Board, including among other things a letter regarding his reasons for requesting such change(s) and separate letters from the current primary care physician or treatment provider(s) and the proposed new primary care physician or treatment provider(s) relative to their understanding of the reasons for this request and, to the extent applicable, any concerns they may have. The Board shall retain the sole discretion to grant or deny such application without hearing. Dr. Wiegand acknowledges that any decision by the Board concerning this issue is not appealable. If the request is denied, nothing precludes Dr. Wiegand from proposing another primary care physician or treatment provider for approval. In requesting a change of primary care physician or treatment provider, Dr. Wiegand understands that the Board may inquire into any issues it deems pertinent with any person, including, without limitation, the current primary care physician or treatment provider(s).

(vii). Reports from Treatment Providers. Dr. Wiegand shall ensure that on or before April 9th, July 9th, October 9th, and January 9th of each year following the execution of this Consent Agreement⁴ the Board-approved treatment provider(s) submit(s) to the Board a written report regarding: Dr. Wiegand's compliance with his schedule of meetings; Dr. Wiegand's ability to continue practicing medicine; and the prognosis of Dr. Wiegand's continued recovery. In addition, the treatment providers shall immediately notify the Board in writing whenever: (1) in his/her professional judgment, Dr. Wiegand poses a potential danger to the health, safety and welfare of patients; or (2) Dr. Wiegand terminates treatment or is non-compliant with the treatment plan. Dr. Wiegand hereby waives any privileges concerning such information, reports, records and disclosures to the Board.

(viii). Board Investigation. At any time the Board may deem appropriate, the Board or its agent may contact Dr. Wiegand and/or the Board-approved treatment providers to obtain further information relative to Dr. Wiegand. In addition, if the

⁴ The first report is due April 9, 2012.

Board deems it appropriate, it may directly contact the treatment providers regarding any issues concerning Dr. Wiegand's treatment. In complying with this requirement, Dr. Wiegand waives any privileges concerning such information, reports, records and disclosures to the Board. Dr. Wiegand shall execute any and all releases necessary to enable the Board and/or the Attorney General to communicate directly with his treatment provider(s) and to obtain copies of any and all notes, records, and documentation concerning his treatment.

(5). PRACTICE LOCATION/PHYSICIAN MONITOR.

(i). Medical Practice Setting Locations. During the period of probation, Dr. Wiegand shall provide the Board with all locations where he practices medicine.

(ii). Physician Monitor.⁵ Within thirty (30) days following the execution of this Consent Agreement, Dr. Wiegand must have a Board-approved practice monitor who shall monitor his medical practice. In complying with this requirement, Dr. Wiegand shall submit to the Board for its approval the name of a proposed practice monitor, whom the Board has the sole discretion to approve or deny. The monitoring physician must be in direct contact with Dr. Wiegand and observe him within his medical practice at least once a week, and inform the Board if Dr. Wiegand demonstrates any issues with regard to isolation, inappropriate boundaries or decision-making, ability to concentrate, absenteeism, substance abuse, incompetence, unprofessionalism or any other concerns. The monitoring physician shall report such information to the Board by telephone and in writing within 24 hours or as soon thereafter as possible. Dr. Wiegand understands that the monitoring physician will be an agent of the Board pursuant to Title 24 M.R.S. § 2511. Dr. Wiegand shall permit the monitoring physician full access to his medical practice, including but not limited to all patient information. The Board-approved monitor shall provide the Board with reports regarding Dr. Wiegand's medical practice on or before April 9th, July 9th and October 9th, January 9th of each year following the execution of this Consent Agreement.⁶

(6). SELF-HELP GROUP MEETINGS.

(i). Attendance at AA and NA. Dr. Wiegand agrees to attend Alcoholics Anonymous ("AA") and/or Narcotic Anonymous ("NA") or another non-faith-based self-help group meeting approved by the Board a minimum of twice per week from the effective date of this Consent Agreement.

(ii). Recovering Physicians Self-Help Group. Dr. Wiegand agrees that he shall attend self-help group meetings of a recovering medical professional group (*i.e.* Caduceus), on a regular basis for the term of this Consent Agreement. Meetings of the recovering professional self-help groups may not be substituted on a one-for-one basis with meetings of AA or NA.

⁵ This section is not intended to require clinical supervision regarding Dr. Wiegand's medical care and treatment.

⁶ The first report is due April 9, 2012.

(iii). Reports of Attendance. Dr. Wiegand shall submit a signed, written quarterly report of his attendance at AA, NA or impaired professional self-help group meetings to the Board beginning three months after the execution of this Consent Agreement. Any instances of failure to attend the required numbers of meetings shall be noted, together with specific explanation detailing reasons.

(iv). Failure to Meet This Requirement. It is the parties' understanding that, periodically, reasonable explanations may exist for occasionally missing a meeting; however, unexcused continuous or repeated failures to comply with the requirements of this section shall constitute a violation of the Consent Agreement which, after hearing before the Board, can result in licensure discipline, including without limitation a fine, suspension, non-renewal, or revocation of Dr. Wiegand's Maine medical license.

(7). MAINTENANCE OF OBLIGATIONS WHEN AWAY

(i). General. Dr. Wiegand agrees to maintain his obligations regarding substance monitoring and self-help group meetings at all times, including times when he is away from home but within the continental limits of the United States. Dr. Wiegand will notify the Director of the Medical Professionals Health Program sufficiently in advance of travel to make whatever arrangements the Director deems appropriate for monitoring before he leaves. It shall be Dr. Wiegand's obligation to ensure that arrangements are made consistent with this Consent Agreement in such other location(s) to ensure the continuation and satisfaction of his obligations under this Consent Agreement. Any such occurrences shall be noted in writing sent to the Board by Dr. Wiegand explaining the arrangements made and how the arrangements were carried out.

(ii). Failure to Comply. Any failure by Dr. Wiegand to meet the terms of the Consent Agreement outside of Maine shall constitute a violation of this Consent Agreement, and may result in the immediate suspension by the Board of Dr. Wiegand's Maine medical license pending hearing, and, following hearing, other sanctions as permitted by law including but not limited to suspension, modification, or revocation of licensure.

(8). INVOLVEMENT IN THE MAINE MEDICAL PROFESSIONALS HEALTH PROGRAM.

Dr. Wiegand has entered into a contract with the Maine Medical Professionals Health Program and shall fully participate in that program as long as this Consent Agreement remains in effect.

(9). MAINTAINENCE OF LICENSE.

Dr. Wiegand shall be required to maintain his Maine license to practice medicine for as long as this Consent Agreement remains in effect. In the event that Dr. Wiegand applies for licensure in other jurisdictions during the term of this Consent Agreement, Dr. Wiegand shall notify said jurisdiction of the existence of this Consent Agreement.

(10). WAIVER OF CONFIDENTIALITY AND RELEASE OF RECORDS.

Dr. Wiegand agrees and understands that the Board and the Department of Attorney General shall have complete access to his present and future personal medical and counseling records regarding chemical dependency and/or mental health issues and to all otherwise confidential data pertaining to treatment or monitoring of Dr. Wiegand for substance abuse and/or mental health issues. Dr. Wiegand waives any privileges concerning such information, reports, or records, and agrees to execute any and all releases necessary to permit the Board access to such information during the term of this Consent Agreement. All releases must, in addition to waiving any relevant State law privileges or immunities, provide the Board with access to all material covered by 42 C.F.R., Part 2. In the event that the releases are not sufficient to obtain access to any information which the Board considers relevant, Dr. Wiegand agrees to personally obtain such information and furnish it to the Board, to the extent permitted by law.

(11). SANCTION FOR VIOLATION OF CONSENT AGREEMENT.

(i). Automatic Suspension. Any reliable oral or written report to the Board of violation(s) of the terms of this Consent Agreement as described above by Dr. Wiegand shall result in the immediate, indefinite and automatic suspension of Dr. Wiegand's Maine medical license. The automatic suspension of Dr. Wiegand's Maine medical license shall become effective at the time that he receives actual notice from the Board that a report of violation(s) has been made. Actual notice can be provided by telephone, in person, in writing, by another means or any combination of the above-referenced means. The indefinite, automatic suspension shall continue until the Board holds a hearing on the matter, unless the Board earlier determines that the report is without merit or decides that no further sanction is warranted.

(ii). Continued Suspension; Other Sanctions. Dr. Wiegand's indefinite automatic suspension shall continue for such time until the Board holds a hearing and reaches a decision. The Board will hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both Dr. Wiegand and the Board agree to hold the hearing later) and shall be held pursuant to the Maine Administrative Procedure Act. The Board may impose such other discipline, including without limitation, fines, further suspension, probation, non-renewal or revocation of licensure, as the Board after hearing deems appropriate.

(iii). General Acknowledgment. Dr. Wiegand acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms of this Consent Agreement shall constitute grounds for disciplinary action against his Maine medical license, including but not limited to an order issued by the Board, after hearing, modifying, suspending, or revoking his license. In addition, Dr. Wiegand agrees and acknowledges that, pursuant to 10 M.R.S.A. § 8003(5), the Board has the authority to suspend or revoke his Maine medical license for any violation of the terms of this Consent Agreement.

(12). DESIGNATED COPY OF CONSENT AGREEMENT.

Dr. Wiegand shall have his supervising physician in paragraph 10(c)(3)(i), physician monitor in paragraph 10(c)(5)(ii), and all treatment providers read, date, and sign a copy of the Consent Agreement (the "Designated Copy"). Dr. Wiegand shall retain a copy of the Consent Agreement signed by all of the aforementioned individuals at his Board-approved medical practice locations and shall produce it upon request of the Board or its agent(s). A copy of the signature page shall be made and sent to the Board. Dr. Wiegand agrees that if new individuals assume the roles set forth in this Consent Agreement during the existence of this Consent Agreement, such individuals shall also read, date and sign the Consent Agreement, and he shall send a copy of the updated signature page to the Board.

Dr. Wiegand shall provide a copy of this Consent Agreement to any hospital or medical practice with whom he is or becomes affiliated.

(13). MISCELLANEOUS PROVISIONS.

(i). Notice. Unless otherwise specified in this Consent Agreement, written notice shall be deemed served upon mailing by first class mail, postage prepaid.

(a). Notice to the Board:

State of Maine Board of Licensure in Medicine
Attention: Board Investigator
137 State House Station
Augusta, Maine 04333-0137
Telephone: (207) 287-3601

(b). Notice to the Licensee:

Timothy J. Wiegand, M.D.
123 Galante Circle
Webster, NY 14580

(ii). Address Change. If Dr. Wiegand changes jobs, moves his residence or practice, changes telephone numbers at work or at home, or secures privileges at a hospital, he shall provide written notice to the Board within ten (10) days of any such change. In addition, Dr. Wiegand shall notify the Board of any attempts to seek licensure in another jurisdiction, and shall disclose to the licensing authority in such jurisdiction of his status with this Board.

(iii). Costs. All costs incurred in performance of the terms of this Consent Agreement shall be borne by Dr. Wiegand. If a violation of this Consent Agreement is proven to have occurred, regardless of the sanctions imposed, the Board may require Dr. Wiegand to reimburse the Board for all actual costs and attorney's fees incurred in proving such violation.

(iv). Hearings. Unless otherwise specified, hearings shall be held consistent with the Maine Administrative Procedure Act.

(v). Severance. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

(14). DURATION OF CONSENT AGREEMENT.

Dr. Wiegand understands and agrees that the duration of this Consent Agreement is five (5) years from its execution. The terms imposed by this Consent Agreement shall remain in effect for five (5) years following the execution of this Consent Agreement until or unless amended or rescinded in writing by the parties hereto.

(15). AMENDMENT OF CONSENT AGREEMENT.

Dr. Wiegand waives his right to a hearing before the Board or any court regarding all findings, terms of this Consent Agreement. Dr. Wiegand agrees that this Consent Agreement is a final order resolving Dr. Wiegand's CR 10-454, and is not appealable and is effective until modified or rescinded by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General. Requests for amendments to this Consent Agreement by Dr. Wiegand shall be made in writing and submitted to the Board. Dr. Wiegand shall bear the burden of demonstrating that the Board should amend the Consent Agreement. The Board shall have the sole discretion to: (a) deny Dr. Wiegand's request; (b) grant Dr. Wiegand's request; and/or (c) grant Dr. Wiegand's request in part as it deems appropriate to ensure the protection of the public. Any decision by the Board as a result of Dr. Wiegand's request to modify this Consent Agreement need not be made pursuant to a hearing and is not appealable to any court.

(16). COMMUNICATIONS. The Board and the Attorney General may communicate and cooperate regarding Dr. Wiegand's practice or any other matter relating to this Consent Agreement.

(17). PUBLIC RECORD. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

(18). REPORTABLE DISCIPLINE. This Consent Agreement constitutes discipline/adverse licensing action and is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions.

(19). ADVICE OF COUNSEL. Dr. Wiegand has had an opportunity to consult with legal counsel regarding the terms of this Consent Agreement. Dr. Wiegand has been represented by Kenneth W. Lehman, Esq.

(20). WAIVER OF RIGHT TO APPEAL CONSENT AGREEMENT.

Dr. Wiegand waives his right to a hearing before the Board or any court regarding all facts, terms of this Consent Agreement. Dr. Wiegand agrees that this Consent Agreement is a final order resolving Complaint CR 10-454, and that it is not appealable and is effective until modified or rescinded in writing by the parties hereto.

I, TIMOTHY J. WIEGAND, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS CONSENT AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I HAVE HAD AN OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL REGARDING THIS CONSENT AGREEMENT. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 12/9/2011

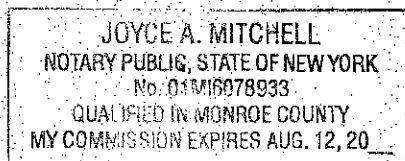
Timothy J. Wiegand
TIMOTHY J. WIEGAND, M.D.

STATE OF New York
Monroe, S.S.


Personally appeared before me the above-named Timothy J. Wiegand, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 12/9/11

Joyce A. Mitchell
NOTARY PUBLIC/ATTORNEY
MY COMMISSION ENDS: 8/12/2014



DATED: December 12, 2011


KENNETH W. LEHMAN, ESQ.
Attorney for Dr. Wiegand

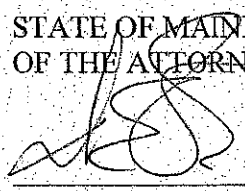
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 12/12/11


GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 12/13/11


DENNIS E. SMITH
Assistant Attorney General

Effective Date: 12/13/11